


Substituted for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>				COMPLETE IF KNOWN <table border="1"> <tr> <td>Application Number</td> <td>10/552,024</td> </tr> <tr> <td>Filing Date</td> <td>October 3, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Prasun K. Chakravarty</td> </tr> <tr> <td>Group Art Unit</td> <td>1626</td> </tr> <tr> <td>Examiner Name</td> <td>Susannah Lee Chung</td> </tr> <tr> <td>Attorney Docket Number</td> <td>21347YP</td> </tr> </table>		Application Number	10/552,024	Filing Date	October 3, 2004	First Named Inventor	Prasun K. Chakravarty	Group Art Unit	1626	Examiner Name	Susannah Lee Chung	Attorney Docket Number	21347YP
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*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication. **REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /S.C/**

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[illegible]

Examiner Signature	/Susannah Chung (06/04/2009)	Date Considered	
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ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /S.C./
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